

Film Permit Application

City of San Juan Capistrano
 32400 Paseo Adelanto
 San Juan Capistrano, CA 92675
 949 487 4300



Date Received: _____	Permit # : _____
Staff Initial: _____	Issue Date: _____

Please note the following:

1. This request DOES NOT constitute a permit to film/commercial photography in San Juan Capistrano.
2. Applicant/permittee is requires to submit a request a least five (5) working days prior to date of filming activity is to occur.
3. A complete application must be submitted to the Financial Services Department.

APPLICANT INFORMATION

Applicant (Company Name):	
Address:	Telephone:
	Fax:
	E-mail:
Location Manager:	Cell:
Asst. Location Manager:	Cell:
Director:	Phone:
Producer:	Phone:

FILMING DETAILS

Type of Production:	
<input type="checkbox"/> Feature	<input type="checkbox"/> Commercial
<input type="checkbox"/> Student	<input type="checkbox"/> Still Photo
<input type="checkbox"/> TV Series	<input type="checkbox"/> Music Video
<input type="checkbox"/> Documentary	<input type="checkbox"/> Other: _____
Filming Activity:	
Any activity not selected on application but engaged in at location will not be permitted and is cause to revoke permit.	
<input type="checkbox"/> Int. Dialogue	<input type="checkbox"/> Wet Down
<input type="checkbox"/> Ext. Dialogue	<input type="checkbox"/> Drive w/ traffic
<input type="checkbox"/> Drive By's	<input type="checkbox"/> Drive Ups/Away
<input type="checkbox"/> Street Closure	<input type="checkbox"/> Amplified Sound
<input type="checkbox"/> Camera on Sidewalk	<input type="checkbox"/> Running Shots
<input type="checkbox"/> Camera on Street	<input type="checkbox"/> Stunts or Special Effects
<input type="checkbox"/> Nudity	<input type="checkbox"/> Other: _____

Signature of Applicant: _____ Date _____

Print Name: _____

PERSONNEL / VEHICLES

of Cast members: _____

of Crew members: _____

*PARKING PLAN MUST BE ATTACHED

*NO PARKING signs must be posted 48 hours in advance of your call time.

*Any equipment not selected on application will not be permitted and if used on location will give cause to revoke permit.

List Quantities

Personal Cars: _____ Catering: _____ Port-a-potties: _____ Semi-Trucks: _____ Motor Homes: _____

Generators: _____ Trailers: _____ Picture Cars: _____ Cub Trucks: _____ Vans: _____

Condors: _____ Camera Trucks: _____ Other: _____

LOCATION # 1

Address or Intersection: _____

Date(s): _____ to _____

*Time: _____ to _____

Structure Type: _____

Open to public? yes no

Summary of Scene(s):

*Special Effects: yes no FX# _____ Name: _____

LOCATION # 2

Address or Intersection: _____

Date(s): _____ to _____

*Time: _____ to _____

Structure Type: _____

Open to public? yes no

Summary of Scene(s):

*Special Effects: yes no FX# _____ Name: _____

FOR CITY USE ONLY

Community Services Department : _____
Signature *Date*

Recommendations: _____

Police Department: _____
Signature *Date*

Recommendations: _____

Fire Department: _____
Signature *Date*

Recommendations: _____

FEES:

Application/Processing: _____

Location: _____

Business License: _____

Police Personnel: _____

Fire Personnel: _____

Parking: _____

TOTAL _____

- Attachments:*
- Location Agreement(s)
 - Parking Plan
 - Insurance Certificate
 - Special Effects License
 - Signatures